

ALABAMA LUNG CANCER SCREENING, AWARENESS & EDUCATION (ALCASE): UNDERSTANDING AND ADDRESSING DISPARITIES IN LUNG CANCER SCREENING



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BACKGROUND AND NEED

Alabama has high incidences of and mortality from lung cancer and large rural populations that are older, less educated and poorer with high rates of smoking than the national average. Through a planning grant from Bristol-Myers Squibb Foundation, Lung Cancer Alliance (LCA) engaged survivors, caregivers, community health organizations, state agencies, and healthcare providers in the state between February and October 2017 to better understand the needs of the lung cancer community in Alabama.

Using a telephone and online needs assessment survey and by conducting four in-person focus groups with healthcare professionals in the state, awareness of and participation in lung cancer screening was a critical need. We also identified and engaged key community partners.

Through a collaboration with the University of Alabama at Birmingham Comprehensive Cancer Center's Deep South Network for Cancer Control (DSN), the Alabama Lung Cancer Screening, Awareness and Education (ALCASE) project was created.

PROJECT SUMMARY

ALCASE seeks to reduce the burden of lung cancer in some of the most rural, underserved areas of Alabama. The project combines the expertise of LCA with that of the DSN's Community Health Advisor (CHA) model to decrease lung cancer disparities in underserved, primarily African American counties.

ALCASE is a 3 year project, funded at \$1.6 million by the Bristol-Myers Squibb Foundation. It began on June 1, 2018 and will end May 31, 2021.

DSN/CHAS

The community infrastructure of DSN has been built upon the proven, community-based health promotion approach CHA model since 2000 with successful results. Through community-based education and awareness, CHAs increase capacity and access to cancer screening.

CHAs are trusted by community members as those to turn to in times of need. CHAs are recruited from the targeted communities, have the ability to reach the unreached, tailor health messages/interventions to the target audience and, above all, are trusted individuals within their communities. In other settings, CHAs are called community health workers, promotora/es, and outreach workers.

ALCASE is the largest project to date to use CHAs in lung cancer screening.

TARGET REGION

ALCASE targets the six Black Belt counties of Marengo, Choctaw, Sumter, Hale, Green and Dallas, and urban /rural Jefferson County.

Steeped in history and originally named for its rich, black soil, today the Black Belt is defined by dire socioeconomic conditions and the legacy of plantation culture.

Marked by under-employment and lack of social services, the region has poor health outcomes and life expectancies among the shortest in the US.



RURAL

Research shows that even when cancer screenings are available in rural areas, residents are less likely to participate.

Alabama's rural population is older, less educated and poorer than the national average.

The six targeted counties outside of Jefferson (also partially rural) are deemed "highly rural" by the Alabama Rural Health Association.

AFRICAN AMERICANS

In the United States, lung cancer incidence is 33% higher and mortality is 28% higher in African American men compared to white men.

In 2017 Census estimates, 13.4% of Americans identify as black or African American. The population of Alabama is 26-27% African American. In our targeted counties, the percentage is 2-3x higher.

In three of our identified counties, both lung cancer incidence and mortality rates are higher for African Americans.

Even where screening is available and utilized, a study by Dana Farber Cancer Center found that adherence is a particular issue for African American participants of lung screening programs.

SMOKING

The adult smoking rate in the US is 15.3%. In Alabama, the rate is 21.4

- Four ALCASE counties have rates of smoking higher than the AL average

ALCASE AIMS

- Utilize the experience and depth of CHAs to increase knowledge and awareness of lung cancer risk and educate on screening
- Decrease lung cancer disparities through navigating those at high risk to screening
- Increase understanding of barriers faced by those at high risk to consider, engage and adhere to screening
- Develop additional Lung Cancer Screening Centers of Excellence to ensure quality screening is available to project participants and other community members, through:
 - Incentivizing interested centers to develop screening programs
 - Providing specialized assistance with SCOE requirements regarding referral to smoking cessation, continuity of care, shared decision-making; and adherence

ALCASE GOALS

- Train up to 175 CHAs
- Hold 10 meetings and community events per county each year
- Reach 2,500 individuals per county=17,500 reached/ educated
- Increase use of AL Quitline in months with formal events
- Move 250 individuals to screening
- Provide up to 250 gas cards
- Interview gas card recipients as to their motivations and barriers to screening

ELIGIBILITY CRITERIA

ALCASE targets individuals (and their loved ones for education and awareness) at high risk for lung cancer according to USPSTF screening recommendations:

- Aged 55 to 80
- 30 pack year history of cigarette smoking
- Current or former smokers who quit less than 15 years ago.

CURRENT STATUS/NEXT STEPS

Year 1: spent recruiting and training CHAs and building screening capacity.
Years 2 and 3: Implementation

At six months, an Alabama-based project manager has been hired. A life-long resident of the region with extensive experience as a CHAs county coordinator, Kathy Levy also brings vital hospital administration experience critical to working with potential SCOEs.

At the start of the 2017 planning grant, only one SCOE existed in all of Alabama. Six months into ALCASE, there are now four with two more expected to join by the end of Q1.

Additional county coordinators are being hired, which will allow for recruitment of ALCASE-specific CHAs. After being trained in the first months of 2019, county coordinators will train their CHAs by April/May of 2019. .

CONTACT

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